DOCUMENT RESUME

ED 140 530 EC 100 868

TITLE	Transmittal Notice: Announcement of Diagnostic Criteria for Reporting Handicapped Children in Head Start.
REPORT NO	IN-75-11
PUB DATE	Sep 75
NOTE	8p.
EDRS PRICE	MF-$0.83 HC-$1.67 Plus Postage.
DESCRIPTORS	*Definitions; *Educational Diagnosis; *Handicapped Children; *Identification; Preschool Education
IDENTIFIERS	*Project Head Start

ABSTRACT

Intended for Head Start staff and providers of professional diagnostic services, the document presents diagnostic criteria for the reporting of handicapped children in the Head Start Program. The diagnostic process at the local level is explained. Included are definitions of the following handicapping conditions: blindness, visual impairment, deafness, hearing impairment, physical handicap, speech impairment, health or developmental impairment, mental retardation, serious emotional disturbance, and specific learning disabilities. (IM)

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OCD-HS

9/11/75

TRANSMITTAL NOTICE
ANNOUNCEMENT OF DIAGNOSTIC CRITERIA FOR REPORTING HANDICAPPED CHILDREN IN HEAD START

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
NATIONAL INSTITUTE OF EDUCATION

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TN 75.11

WHAT WE ARE SENDING

OCD Notice A-30-333-4

Announcement of the Diagnostic Criteria for Reporting Handicapped Children in Head Start.

MANUAL MATERIAL TO BE REPLACED

None

WHAT YOU SHOULD DO

Make this information available to all delegate agencies, Head Start staff, members of Head Start Policy Council, and professional diagnostic services providers.

BACKGROUND

Head Start has always had a national policy of open enrollment for all eligible children, including handicapped children. As noted in the Head Start Manual of 1967 "Head Start encourages the inclusion of mentally and physically handicapped children in an integrated setting with other Head Start children."

The legislative mandate passed in 1972 requiring Head Start programs to provide at least 10% of the national Head Start enrollment opportunities for handicapped children made Head Start programs begin an affirmative outreach and recruitment program to find handicapped children and enroll them in Head Start. The Headstart, Economic Opportunity, and Community Partnership Act of 1974 strengthened this approach by requiring that the 10 percent enrollment mandate be by State.

EC 100868

The intent of this mandate for Head Start programs is to (a) serve handicapped children in an integrated setting or mainstream environment with other children, (b) provide for the special needs of the handicapped child, (c) work closely with other agencies and organizations serving handicapped children in order to identify handicapped children and provide the full range of services necessary to meet the child's developmental needs.

The Headstart, Economic Opportunity, and Community Partnership Act of 1974 also requires the Secretary of HEW to report annually to the Congress on the status of handicapped children in Head Start including the numbers of handicapped children enrolled, the types of handicapping conditions and the kinds of services provided. The legislation defines handicapped children as those who are "mentally retarded, hard of hearing, deaf, speech impaired, visually handicapped, seriously emotionally disturbed, crippled or other health impaired children who by reason thereof require special education and related services." Outside the scope of this definition are children with correctible conditions who do not need special services or who will not require altered or additional educational or support services.

In order to assist local Head Start programs with appropriate reporting of handicapped children, diagnostic criteria further clarifying the above listed definitions have been developed by the Office of Child Development in conjunction with numerous agencies and organizations such as the American Academy of Pediatrics, the American Psychological Association, the American Speech and Hearing Association, etc., who work with handicapped children.

Professionals working with Head Start programs to confirm that a child is handicapped are to use the legislated definitions and the diagnostic criteria to report a child as handicapped. This approach does not preclude the professional using diagnostic criteria or procedures that go beyond those stated herein for the purpose of developing an individual plan of services for the child. The Office of Child Development feels strongly that the determination that a child is handicapped is the responsibility of the professional diagnosticians, not local Head Start staff. This means that each Head Start program should request diagnostic information concerning a handicapped child in such a way that (a) it can readily be reported in the annual survey of handicapped children in Head Start in accordance with the definitions and diagnostic criteria and (b) it includes recommendations on the basis of functional assessments in order that parents, teachers and others can best work with the child to enhance his/her potential.

Each Head Start program has the responsibility for communicating the legislative mandate regarding handicapped children and the material herein presented to the professionals whose expertise and services the program is using.

You will note that an additional category "learning disabilities" has been added to the definitions and that the criteria for reporting have been broadened to include functional capability particularly focused at the preschool developmental level.

THE DIAGNOSTIC PROCESS AT THE LOCAL LEVEL

There appears to be a trend that where adequate diagnostic resources increase in availability, more handicapped children are enrolled in Head Start programs. It is therefore necessary for local programs to identify this resource capability. This might be a diagnostic and evaluation center, a University Affiliated Facility or the Medicaid Early and Periodic Screening Diagnosis and Treatment Program (EPSDT) which will pay for these services for Medicaid-eligible children or individual professional diagnosticians.

The assessment of a handicapped child frequently requires the participation of several disciplines. The professionals in medicine, psychology, special education, speech pathology, physical therapy, etc., may each spend time evaluating a child and must coordinate their activities so that the total child is being considered. This diagnostic team approach provides the opportunity for not only the establishment of a diagnosis but also for development of recommendations for the provision of services. Some professional diagnostic resources already exist as teams with representation from the many disciplines. The Head Start program, however, must often take the responsibility for coordination of the professionals involved, through working with the parents to be able to continue this coordinated effort after the child leaves Head Start.

Whenever parents, Head Start staff or other agencies and groups identify children as being handicapped, Head Start programs must ensure that the initial identification is confirmed or denied by professionals trained in assessing handicapping conditions.

In addition, throughout the course of the handicapped child's enrollment in Head Start, his/her functioning must be observed on an ongoing basis and the assessment carried out on a planned, periodic basis that takes into account the dynamic process of growth and development. Careful procedures must be instituted for confidentiality of program records to insure that no individual child or family is mislabeled or stigmatized with reference to a handicapping condition. The principle to be followed is that the purpose of screening, diagnosis, and needs assessment for all children in Head Start is to ensure that program services are individualized to meet each child's needs.

The process of mislabeling a child is equivalent to misdiagnosis. This could lead to outcomes detrimental to the child. First and foremost, a diagnosis is related to provision of appropriate services. Thus a

misdiagnosis (mislabel) will provide for inappropriate services. A child can be mislabeled by placing him/her in an incorrect diagnostic category because of (1) failure to recognize ethnic and cultural factors, or normal developmental stages or (2) through the utilization of inappropriate assessment techniques and procedures.

This year the Office of Child Development is undertaking an information gathering effort in selected Head Start programs to look at the state-of-the-art of the diagnostic process at the local level. This will be done in conjunction with the American Academy of Pediatrics and other national professional organizations who work with handicapped children.

The effort will look at the relationship between diagnostic providers and Head Start programs in the areas of (a) identification and confirmation that a child is handicapped for reporting purposes, (b) development of recommendations for individualized program planning, (c) relationship of parents to the diagnostic process, (d) types of diagnostic provider arrangements -- i.e. team, solo, "roving" team, State or local facility, etc. This effort will result in an analysis of these and other variables with recommendations for policy and training and technical assistance activities in the area of diagnostic resource capability at the local level.

DIAGNOSTIC CRITERIA FOR REPORTING HANDICAPPED CHILDREN IN HEAD START

All children reported in the following categories* must have been diagnosed by the appropriate professionals who work with children with these conditions and have certification and/or licensure to make these diagnoses

BLINDNESS

A child shall be reported as blind when any one of the following exist: (a) child is sightless or who has such limited vision that he/she must rely on hearing and touch as his/her chief means of learning; (b) a determination of legal blindness in the State of residence has been made; (c) central acuity does not exceed 20/200 in the better eye, with correcting lenses, or whose visual acuity is greater than 20/200, but is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle of no greater than 20 degrees.

VISUAL IMPAIRMENT (HANDICAP)

A child shall be reported as visually impaired if central acuity, with corrective lenses, does not exceed 20/70 in either eye, but who is not blind; or whose visual acuity is greater than 20/70, but is accompanied by a limitation in the field of vision such that the widest diameter of visual field subtends an angle of no greater than 140 degrees or who suffers any other loss of visual function that will restrict learning processes, e.g., faulty muscular action. *Not to be included in this category are persons whose vision with eyeglasses is normal or nearly so.*

DEAFNESS

A child shall be reported as deaf when any one of the following exist: (a) his/her hearing is extremely defective so as to be essentially nonfunctional for the ordinary purposes of life; (b) hearing loss is greater than 92 decibels (ANSI 1969) in the better ear; (c) legal determination of deafness in the State of residence.

HEARING IMPAIRMENT (HANDICAP)

A child shall be reported as hearing impaired when any one of the following exist: (a) the child has slightly to severely defective hearing, as determined by his/her ability to use residual hearing in daily life, sometimes with the use of a hearing aid; (b) hearing loss from 26-92 decibels (ANSI 1969) in the better ear.

* *Multiple handicaps: Children will be reported as having multiple handicaps when in addition to their primary or most disabling handicap one or more other handicapping conditions are present.*

PHYSICAL HANDICAP (ORTHOPEDIC HANDICAP)

A child shall be reported as crippled or with an orthopedic handicap who has a condition which prohibits or impedes normal development of gross or fine motor abilities. Such functioning is impaired as a result of conditions associated with congenital anomalies, accidents, or diseases; these conditions include for example spina bifida, loss of or deformed limbs, burns which cause contractures, cerebral palsy.

SPEECH IMPAIRMENT (COMMUNICATION DISORDER)

A child shall be reported as speech impaired with such identifiable disorders as receptive and/or expressive language impairment, stuttering, chronic voice disorders, and serious articulation problems affecting social, emotional, and/or educational achievement; and speech and language disorders accompanying conditions of hearing loss, cleft palate, cerebral palsy, mental retardation, emotional disturbance, multiple handicapping conditions, and other sensory and health impairments. *This category excludes conditions of a transitional nature consequent to the early developmental processes of the child.*

HEALTH OR DEVELOPMENTAL IMPAIRMENT

These impairments refer to *illnesses of a chronic nature or with prolonged convalescence* including, but not limited to, epilepsy, hemophilia, severe asthma, severe cardiac conditions, severe anemia or malnutrition, diabetes, or neurological disorders.

MENTAL RETARDATION

A child shall be considered mentally retarded who, during the early developmental period, exhibits significant sub-average intellectual functioning accompanied by impairment in adaptive behavior. *In any determination of intellectual functioning using standardized tests that lack adequate norms for all racial/ethnic groups at the preschool age, adequate consideration should be given to cultural influences as well as age and developmental level (i.e. finding of a low I.Q. is never by itself sufficient to make the diagnosis of mental retardation.)*

SERIOUS EMOTIONAL DISTURBANCE

A child shall be considered seriously emotionally disturbed who is identified by professionally qualified personnel (psychologist or psychiatrist) as requiring special services. This definition would include but not be limited to the following conditions: dangerously aggressive towards others, self-destructive, severely withdrawn and non-communicative, hyperactive to the extent that it affects adaptive behavior, severely anxious, depressed or phobic, psychotic or autistic.

SPECIFIC LEARNING DISABILITIES

Children who have a disorder in one or more of the basic psychological processes involved in understanding or in using language, spoken or written, which disorder may manifest itself in imperfect ability to listen, think, speak, read, write, spell, or do mathematical calculations. Such disorders include such conditions as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia. Such term does not include children who have learning problems which are primarily the result of visual, hearing, or motor handicaps, of mental retardation, of emotional disturbance, or of environmental disadvantage. *For preschool children, precursor functions to understanding and using language spoken or written, and computational or reasoning abilities are included.* (Professionals considered qualified to make this diagnosis are physicians and psychologists with evidence of special training in the diagnosis of learning disabilities and at least Master's degree level special educators with evidence of special training in the diagnosis of learning disabilities.)